

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER CV 99-0013
DEFENDANT JESUS A. MUNA	TYPE OF PROCESS SERVICE OF DEPO SUBPOENA

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Jesus A. Muna
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Saipan, MP

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 1
United States Attorney's Office, Financial Litigation Unit Sirena Plaza, Suite 500 108 Hernan Cortez Avenue Hagatna, Guam 96910	Number of parties to be served in this case 1
	Check for service on U.S.A. 0

FILED
Clerk
District CourtSPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

APR 1 : 2009

See attached for information purpose only. Not to be filed with the Court.

For The Northern Mariana Islands
By _____
3-6 (Deputy Clerk)

Signature of Attorney other Originator requesting service on behalf of: MIKEL W. SCHWAB, Assistant U.S. Attorney	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER 671-472-7332	DATE
	<input type="checkbox"/> DEFENDANT		

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin 093 No. _____	District to Serve 005 No. _____	Signature of Authorized USMS Deputy or Clerk <i>Mikell</i>	Date 3/13/09
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: *No longer on Rota, CNMI (per DPS SGT Bill Manglona - Rota)
Family indicates that they moved to Guam, USA
and reside in the Talofofo Area. USAO Guam declined forward service*

PRINT 5 COPIES: 1. CLERK OF THE COURT **USAO POC: Michelle Perez** PRIOR EDITIONS MAY BE USED
 2. USMS RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 5. ACKNOWLEDGMENT OF RECEIPT

Issued by the
UNITED STATES DISTRICT COURT

DISTRICT OF THE NORTHERN MARIANA ISLANDS

UNITED STATES OF AMERICA

SUBPOENA

V.

JESUS A. MUNA

Case Number: CV 99-0013

TO: Jesus A. Muna
 P.O. Box XXXX
 Rota, MP 96951

YOU ARE COMMANDED to appear in the United States District court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME
U.S. Attorney's Office, 3rd Floor Horiguchi Building, Garapan, MP	May 22, 2008 at 2:00 p.m.

YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):

SEE ATTACHED NOTICE OF INTENT TO TAKE ORAL DEPOSITION WITH SUBPOENA DUCES TECUM

PLACE	DATE AND TIME
YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.	
PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
MIKEL W. SCHWAB, Assistant U.S. Attorney JESSICA F. CRUZ, Assistant U.S. Attorney U.S. Attorney's Office, Sirena Plaza, Ste. 500, 108 Hernan Cortez Ave., Hagatna, GU 96910 (See Rule 45, Federal Rules of Civil Procedure, Parts C & D on next page)	3/6/08

If action is pending in district other than district of issuance, state district under case number.

(Submitted for Government Action on

Claims Due the United States)

(NOTE: Use additional sheets where space on this form
is insufficient or continue on reverse side of pages.)

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 1166, June 10, 1933); 28 U.S.C. 501, *et seq.*; 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 C.F.R. 101, *et seq.*; 28 C.F.R. 0.160, 0.171 and Appendix to Subpart Y.

The principal purpose for gathering this information is to evaluate your capacity to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register: Justice CIV-001 at page 53321; Justice TAX-001 at page 15347; Justice USA-005 at pages 53406-53407; Justice USA-007 at pages 53408-53410; Justice CRIM-016 at page 12774. Disclosure of the information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

1. Name (<i>last name, first name, middle initial</i>)	2. Birth Date (<i>mo. day yr.</i>)	3. Social Security No.
4. Home Address (<i>Residence</i>)	5. Driver's License No.(& State) / Expiration	
<input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Other (specify, i.e. share rent, live with relative)	6. Home Phone (& Area Code)	
7. Mailing Address (<i>if different from above</i>)	Best Time To Call:	
8. Other Contact Number / cellular phone number / pager number (<i>provide carrier</i>)		
9. Present employer's name	10. Employer's Phone No. (& Area Code)	
<hr/> May we contact you at work? <input type="checkbox"/> No <input type="checkbox"/> Yes		
11. Employer's Mailing Address	12. Date Employed	
14. List current spouse/companion's name	15. Birth Date (<i>mo. day yr.</i>)	16. Social Security No.
18. Spouse/companion present employer's name and address	19. Employer's Phone No. (& Area Code)	
20. Job Title	21. Date Employed	
<hr/> May we contact at work? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Signature _____

Date _____

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DEPENDENTS (17 years of age and below)

22. List all dependents who live with you:

NAME	AGE	RELATIONSHIP	CLAIM ON TAX RETURN
		<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

23. List names and addresses of all dependents who do not live with you:

NAME	AGE	RELATIONSHIP	CLAIM ON TAX RETURN
		<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

24. List amount of monthly income received by dependents from any sources other than you or your spouse (*Specify*): \$ _____

25. Total amount of monthly income paid by you or your spouse to dependents listed in item 23. \$ _____

26. Does spouse/companion receive alimony or child support from a previous marriage? If yes, amount: \$ _____

27. List names and addresses of Parents/In-Laws, if living.: _____

28. List name, address, phone number and relation of nearest relative: _____

_____**TAXES**29. Did you file an Income Tax Return last year? ** Yes No Last tax year filed _____Joint Individual Amount of Gross Income on return \$ _____30. Are you or did you receive a tax refund? Yes No

If yes, list last four (4) tax years and amount of each refund. (If you need additional space, attach a separate sheet.)

Tax Year	Amount	Received	Tax Year	Amount	Received
	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes

31. Do you owe delinquent taxes? Yes No
If yes, list years and amounts due below:

Tax Year	Amount	Tax Year	Amount	Tax Year	Amount
	\$		\$		\$
	\$		\$		\$

****Attach a copy of your last income tax form filed**

Signature _____

Date _____

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